

DELAWARE BOARD OF GEOLOGISTS

PROFESSIONAL EXPERIENCE REFERENCE FORM

Name of Applicant: _____

Address: _____

Day Telephone: _____

**This section is to be completed by the person attesting to the
professional geologic experience of the individual named above:**

1. I have known the applicant professionally since _____.

2. My relationship with this applicant has been that of:
Employer () Supervisor () Co-worker () Other _____

| | | | | |
|------------------------------------|-----------|------|------|---------|
| 3. | Excellent | Good | Poor | Unknown |
| Quality of professional work | () | () | () | () |
| Application of technical knowledge | () | () | () | () |
| Professional attitude, initiative | () | () | () | () |
| Soundness of judgment | () | () | () | () |
| Professional reputation | () | () | () | () |

4. I have personal knowledge of this applicant's work from _____ to _____.
During this time the applicant was employed as a geologist using initiative, skill, and
individual interpretative judgment from _____ to _____. The applicant's
work as a geologist was full-time () or part-time (). If part-time, indicate the percentage of
geologist work. _____

Applicant's employer: _____

Please describe the applicant's type of work, projects, and quality of work:

ADDITIONAL PERIOD OF EMPLOYMENT

I also have personal knowledge of this applicant's work from _____ to _____. During this time the applicant was employed as a geologist using initiative, skill, and individual interpretative judgment from _____ to _____. The applicant's work as a geologist was full-time () or part-time (). If part-time, indicate the percentage of geologist work. _____

Applicant's employer: _____

Please describe the applicant's type of work, projects, and quality of geologic work.

5. Do you consider the applicant qualified for licensure as a geologist? Yes () No ()
Additional remarks or comments:

Date:

Name of professional reference: _____
(Please print) (Date completed)

Geologic Registration Number: _____ State: _____
_____ State: _____

Seal:

Signature: _____

Present Position/Title: _____

Name of Employer: _____

****PLEASE RETURN THIS COMPLETED FORM TO THE DELAWARE BOARD.****

Delaware Board of Geologists
861 Silver Lake Boulevard
Cannon Bldg., Suite 203
Dover, DE 19904